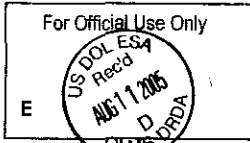


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 6056	2. Fiscal Year Covered From: 01 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name JOSEPH A MARACCINI P.O. Box, Bldg., Room No., if any #300 Street 2610 CROW CANYON ROAD City SAN RAMON State CALIFORNIA ZIP Code + 4 94583	4. Name, file number, and address of labor organization. Name SMWIA LOCAL UNION NO. 104 Labor Organization File Number 016-871 P.O. Box, Building and Room Number, if any #300 Street 2610 CROW CANYON ROAD City SAN RAMON State CALIFORNIA ZIP Code + 4 94583
5. Position in labor organization. FINANCIAL SECRETARY TREASURER/RECORDING SECRETARY	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. **Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed On 8/9/2005 (925) 314-8600
Date Telephone Number

Name of Person Filing JOSEPH A. MARACCINI	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name MCMORGAN & COMPANY Trade Name, if any: P.O. Box, Bldg., Room No., if any #800 Street 1 BUSH STREET City SAN FRANCISCO State CALIFORNIA ZIP Code + 4 94104	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer														
10. If 9.b. or 9.c. is checked give trust or employer's name. Name SMW LOCAL 104 HEALTHCARE AND SUPPLEMENTAL PENSION PLANS Trade Name, if any: P.O. Box, Bldg., Room No., if any #200 Street 2610 CROW CANYON ROAD City SAN RAMON State CALIFORNIA ZIP Code + 4 94583	11.a. Nature of such dealing. MCMORGAN PROVIDES INVESTMENT ADVICE FOR THE UNION AND TRUST(S) LISTED IN BOX (10) <hr/> 11.b. Approximate dollar value of such dealing. UNKNOWN 12.a. Nature of interest held or income received. <table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">BUSINESS LUNCH AND DINNERS</td> </tr> <tr> <td>2/4/04 BTM-LUNCH AT NRTH BEACH</td> <td style="text-align: right;">\$117.00</td> </tr> <tr> <td>3/31/04 WESTERN STATES CONV.-LV</td> <td style="text-align: right;">\$181.00</td> </tr> <tr> <td>4/12/04 BTM-LUNCH</td> <td style="text-align: right;">\$66.00</td> </tr> <tr> <td>5/5/04 BTM-LUNCH/DINNER</td> <td style="text-align: right;">\$104.00</td> </tr> <tr> <td>9/10/04 B44 LUNCH</td> <td style="text-align: right;">\$69.00</td> </tr> <tr> <td>10/2/04 NAT. SMW SCHOLARSHIP DINNER</td> <td style="text-align: right;">\$159.00</td> </tr> </table> <hr/> 12.b. Amount. \$596.00	BUSINESS LUNCH AND DINNERS		2/4/04 BTM-LUNCH AT NRTH BEACH	\$117.00	3/31/04 WESTERN STATES CONV.-LV	\$181.00	4/12/04 BTM-LUNCH	\$66.00	5/5/04 BTM-LUNCH/DINNER	\$104.00	9/10/04 B44 LUNCH	\$69.00	10/2/04 NAT. SMW SCHOLARSHIP DINNER	\$159.00
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.